

VACCINES FOR CHILDREN (VFC) PROGRAM INFLUENZA VACCINES ORDER FORM

FAX (877) 329-9832

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

DATE

VFC PIN NUMBER

CONTACT PERSON

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

☐ CHECK HERE IF THIS IS A
NEW ADDRESS.

CITY

ZIP CODE

TELEPHONE

FAX

EMAIL

COUNTY

DELIVERY: Please specify
all days and times you may
receive vaccine.

DAY AND TIME

☐ Tue.

DAY AND TIME

☐ Thu.

DAY AND TIME

☐ Wed.

DAY AND TIME

☐ Fri.**STORAGE CAPACITY (check all that apply)**☐ Dorm Style

Under the Counter

Refrigerator

☐ Refrigerator/Freezer

Combination

☐ Stand alone

freezer

☐ Commercial/

Laboratory Grade

Unit

| 1. Product Selection VFC INFLUENZA VACCINES (USE REGULAR PEDIATRIC ORDER FORM FOR ALL OTHER AVAILABLE VFC VACCINES) | 2. Product Presentation Vaccines are Shipped in the following presentations | 3. Usage and Inventory Information | | | | 4. New Vaccine Order (Minimum 10 doses) Order in multiple of 10 doses |
|---|--|---|------------------------------------|------------|-----------------|---|
| | | INFORMATION IN THIS SECTION IS REQUIRED FOR ALL VFC VACCINES, EVEN WHEN ONLY ORDERING ONE PRODUCT. INCOMPLETE ORDERS WILL NOT BE PROCESSED. | | | | |
| | | Number of VFC Doses Used Since Last Order. Enter "0" if None | VACCINE INVENTORY (DOSES ON HAND) | | | |
| | | | Number of Doses (VFC Only) On-Hand | Lot Number | Expiration Date | |
| AVAILABLE THROUGHOUT FLU SEASON AS SUPPLY PERMITS | | | | | | |
| Fluzone® 0.25 mL Pediatric Dose Preservative- Free (Age 6–35 months) | 10 pack- single dose pre-filled syringes | | | | | doses |
| Fluzone® 0.5 mL No Preservative (Age 36 mos-18 yrs) | 10 pack- Single dose vials | | | | | doses |
| | 10 pack - single dose pre-filled syringes | | | | | |
| Fluzone® 0.5 mL With Preservative (Age 36 mos–18 yrs) | 10 dose vials | | | | | doses |
| Fluvirin® 0.5 mL With Preservative (Ages 4–18 yrs) | 10 dose vials | | | | | doses |
| FluMist® (Live Attenuated Intranasal Vaccine, LAIV) (Healthy Children Ages 5–18 yrs) MUST BE STORED FROZEN | 10 pack- Single dose sprayers | | | | | <i>Minimum Order 20 Doses (increments of 10)</i> doses |

STATE USE ONLY

| | | | |
|----------|--|----------|--|
| ASSIGNED | | ASSIGNED | |
| APPROVED | | ENTERED | |
| | | | |

See reverse side for instructions on completing this order form.



Instructions for the Completion of the VFC Influenza Vaccines Order Form

In order to ensure that your influenza vaccine order is processed as quickly as possible, the VFC Influenza Vaccine Order form **must** be completely filled out. Fill in all blank sections of the form. Orders submitted in outdated forms may delay the processing of your vaccine order.

Instructions:

1. Enter the California VFC Program PIN number assigned to your site.

The PIN number is the six-digit Provider Identification Number assigned to your clinic upon enrolling in the VFC Program. (This is not your medical license or CHDP/Medi-Cal provider numbers). Your PIN can be found in the upper, right portion of one of your VFC shipping invoices under the title, "FOR RETURNS REFER TO." You may also contact the VFC Office to obtain your PIN #.

2. Use the same facility name that is on record with the VFC Program.

The facility name can be found on the packing slips that accompany the vaccine shipments. Do not change this VFC facility name without first notifying the VFC Program in writing, even if the clinic name has changed or is incorrect.

3. Specify the current address where the VFC Program should deliver vaccines to your site.

Check the appropriate box on the order form if this is a new address. (Remember to include a letter regarding the change of address with your vaccine order.)

4. Specify the current and correct days and times during which you can receive delivery of VFC vaccine.

The VFC Program's wholesale distributor delivers vaccine Tuesday through Friday only. When specifying delivery times, take into account times of the day during which you cannot receive deliveries of VFC vaccine (e.g., lunch).

5. Check the appropriate box that best describe your refrigerator unit (s).

6. Select your desired products.

7. Record usage of all VFC influenza vaccines you have administered since your last vaccine order.

For your **initial** order during the 2006 -2007 Flu season, enter -0- in the "Usage" section. Please do not record usage of vaccines administered during the previous flu season. Subsequent influenza vaccine orders must include the number of doses administered since your previous order. This Information is easily obtained from a usage log or any other usage report (e.g., Registry-generated usage report).

8. List current Influenza vaccine inventory of all Influenza VFC vaccines when completing the order form.

For your **initial** order during the 2006 -2007 Flu season, enter -0- in the "Inventory" section. Subsequent influenza vaccine orders must include a listing of vaccines remaining in your inventory since your previous order, and their corresponding lot numbers, and expiration dates.

9. All VFC expired or spoiled flu products must be returned to the VFC Program contracted vaccine distributor, General Injectables & Vaccines, Inc. (GIV) to Route 21 & 52 Bastian, VA 24314, in order to obtain the Federal Excise Tax credit.

When Completed: FAX to: (877) 329-9832 (toll-free)

OR

Mail to: Vaccines for Children Program
State of California Department of Health Services,
Immunization Branch
850 Marina Bay Parkway, Building P
Richmond, CA 94804

Always keep a copy for your records!

For Questions Call: (877) 243-8832

OR

Contact your local VFC Representative